RECEIVED 10/31/07

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/23/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G153	A. BUILDING _____ B. WING _____	09/21/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMP CARE I I	1329 LONGFELLOW STREET NW WASHINGTON, DC 20011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS This recertification survey was conducted from 9/19/2007 thru 9/20/2007 utilizing the fundamental survey process. Three clients were randomly selected from a population of five males with varying degrees of cognitive and functional debilitations. The survey findings were based on observations and interviews with management and direct care staff at the group home and at two separate day programs. The survey also included a review of records, including the unusual incident reports.	W 000		
W 112	483.410(c)(2) CLIENT RECORDS The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to keep confidential all information contained in each client's record, for one of the three clients residing in the facility. [Client #2] The finding includes: Observation on 9/19/12007 at 4:35pm revealed Client #2 ' s meal restrictions and feeding protocol was posted on the refrigerator. Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) and Registered Nurse on 9/20/2007 at 1:49pm revealed they were not aware this was a deficient practice and would have it removed.	W 112	Meal and feeding protocols removed and placed in individual folders for all persons served	9-20-07
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services	W 120		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Virgil L. Murphy — TITLE: P.D./QMRP — (X6) DATE: 10-31-07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 120	Continued From page 1 meet the needs of each client. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that outside services implemented the behavioral interventions and documented the targeted behaviors as recommended for one of three sampled clients. [Client #1] The findings include: 1. Observation at Client #1 ' s Day Program on 9/20/2007 at 11:50am revealed the direct care staff failed to implement the behavioral strategies as specified in his Behavior Management Plan (BMP). Client #1 was observed refusing to eat his meal, flopping to floor, stomping on the floor with his feet and walking several times towards the main entrance of his activity area. He would walk towards the door and stand there or pace back and forth in front of it. The staff was observed walking him away from the door and trying to encourage him to eat his meal with no success. Record review on 9/20/2007 at 3:45pm revealed Client #1 ' s Behavioral Support Plan dated 6/6/07 recommends: " Screaming strategies #2 - if [Client #1] begins to scream and/or stomp, attempt first to determine what may be causing him to do so. He may be attempting to convey discomfort due to wetness or to say he wants to go outside for a while. Ask him to show you what he wants. Address these needs first. " The Day Program staff failed to assess the reason of his discomfort or offer to take him	W 120	1. Behavior management program of person #1 will be reviewed with day program.	11-07-07

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W 120	Continued From page 2 outside, despite his repeated attempts of walking towards the main entrance. 2. Observation at Client #1 ' s Day Program on 9/20/2007 at 11:50am revealed the direct care staff failed to implement the behavioral strategies as specified in his Behavior Management Plan (BMP). Client #1 was observed refusing to eat his meal, biting his hands and wrists, flopping to floor, stomping on the floor with his feet and walking several times towards the main entrance of his activity area. Interview with the attending direct care staff on the same day at 12:10pm revealed Client #1 acts this way quite often during lunch or at various other times during the day. Record review on 9/20/2007 at 3:45pm revealed Client #1 ' s Behavioral Support Plan dated 6/6/07 recommends that staff document "all incidents of pica, screaming/stomping, and hand biting on the data sheets ..." Further record review revealed Client #1 had zero incidents of stomping and hand biting over the past three months. There is no evidence the day program had ensured the accurate documentation of this client ' s maladaptive behaviors as required.	W 120	2. program documentation will be included in QMRP monitoring of the day program. Results of this documentation will be included in QMRP notes.	11-15-07
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on observations, interviews and record	W 124		

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W 124	Continued From page 3 review, the facility failed to inform each client, parent, or legally authorized party of the attendant risks of treatment regarding the use of psychotropic medication for two of three sampled clients. [Clients #1 and #3] The findings include: 1. Record review on 9/20/2007 at 4:01pm revealed Client #1 is prescribed to receive a 1mg Tab of Xanax XR every morning. Interview with the facility ' s Registered Nurse (RN) and Qualified Mental Retardation Professional (QMRP) on at 4:08pm revealed the Xanax XR is prescribed to manage Client #1 ' s maladaptive behaviors. Record review revealed there was no signed nor agreed upon consent on file for this client to receive this psychotropic medication. 2. Observation and record review during the evening medication administration on 9/19/2007 at 6:55pm revealed Client #3 received 30mg of Zyprexa (10mg tab + 20mg tab). Interview with the facility ' s Licensed Practical Nurse (LPN) (Medication Nurse) at 6:58pm revealed the Zyprexa is prescribed to manage Client #3 ' s maladaptive behaviors. Record review revealed there was no signed nor agreed upon consent on file for this client to receive this psychotropic medication.	W 124	1. Consent form for person #1 psychotropic medication will be obtained before next psychotropic medication review. 2. 2. Consent form for person #3 psychotropic medication will be obtained before next psychotropic medication review.	11-17-07
W 126	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.	W 126		

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W 126	Continued From page 4 This STANDARD is not met as evidenced by: Based on interview with the Qualified Mental Retardation Professional (QMRP) and review of the individual program plan (IPP), the facility failed to ensure that clients received opportunities to enhance their financial management skills. [Client #3] The finding includes: Interview with Client #3 ' s case manager at his day program on 9/20/2007 at 10:50am revealed he receives a stipend for janitorial work performed at the day program. The case manager also indicated that Client #3 was very capable of counting money, and taking part in small purchases. Interview with the Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 5:30pm revealed Client #3 had a money management program that was initiated on 6/2007. Client #3 ' s money management program readed, "[Client #3] will purchase items necessary for him to cook an item on the menu with verbal prompts from staff on 4/5 consecutive trials in 3 consecutive months." Record review revealed there was no evidence made available at the time of survey to assess if Client #3 was being afforded the opportunity to purchase the " cooking items " or take part in the " cooking " as required/written.	W 126	Staff will receive training on program documentation, active treatment, implementing programs	11-7-07
W 137	483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate	W 137		

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W 137	Continued From page 5 personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure the integrity of the client ' s clothing for four of five clients residing in the facility. The finding includes: Observations on 9/19/2007 and 9/20/2007 revealed Clients #1, #3, #4, and #5 ' s clothing were being poorly maintained and stored in each client ' s closets. The clothing was found to be torn, frayed, faded, and labeled with permanent magic markers that bled through the material, or stuffed into the closets in piles. All four of these clients clothing were mismatched and their shoes were also worn and with tattered and sheared seams. Only one pair of dress shoes was observed, and only two of the four had a dress suit to wear. The facility ' s Qualified Mental Retardation Professional (QMRP) was interviewed on 9/20/2007 at 5:47pm regarding the disparity in the condition of the client ' s clothing and he indicated his management of this area was an oversight. He indicated that he hadn ' t had the chance yet since his hiring to go and complete the shopping requirements for the clients and would do so immediately.	W 137	Facility will insure closets are organized torn clothes replaced and persons living in this home will have appropriate clothing for all occasions.	11-15-07
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through	W 153		

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W 153	Continued From page 6 established procedures. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure client ' s bodily injuries and hospitalizations were reported as required by this section for one of three sampled clients. [Client #1 and #2] The findings include: 1. Record review on 9/20/2007 at 4:06pm revealed an " Inter Agency Communication " from Client #1 ' s Day Program was submitted and filed by the facility on 06/01/2007. The document cites that Client #1 was reported as having a nosebleed at the day program. The document further states that the nurse at the residential facility assessed this client upon his arrival to the home and the client was treated accordingly. Interview with the facility ' s Registered Nurse on 9/20/2007 at 4:23pm revealed Client #1 "picks his nose" often and sometimes it bleeds. There was no evidence on file at the time of survey to substantiate that an incident report was filed or the pertinent authorities notified of this event. 2. Client #2 was observed on the evening of 9/19/2007 to be very lethargic and drooling while sitting in his wheelchair at 3:37pm. Later on in the evening, Client #2 was observed to only consume about 25% of his dinner and staff indicated he wasn ' t feeling well because he had just came back from the hospital. The facility ' s Registered Nurse (RN) was interviewed at 02:14pm on 9/20/2007 and she indicated Client #2 was assessed to have upper GI bleeding ...	W 153	1. Residential staff will communicate with day program pertaining to all unusual incidents. To assure that incident reports are generated and sent to all monitoring agencies. 2. All staff will be in-serviced on incident reporting. All incidents will be sent to monitoring agencies.	11-07-07 11-01-07

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W 153	Continued From page 7 potentially, due to ulcers. She also added that blood was noticed in his stool back in 7/2007 and subsequently he was later hospitalized over the past weekend (9/15 - 9/16). He was re-evaluated by the Primary care (Dr. Wilson) on 9/20/2007 and he has an Endoscopy scheduled for 10/11/2007 at a local hospital. Record review revealed the Hospital Discharge summary dated 9/18/2007 indicated "the patient improved [after] having a large BM on 9/15/2007." The discharge diagnoses identifies " nausea/vomiting and possible upper gastrointestinal bleed " as the cause for his hospitalization. Further record review revealed there was no evidence on file at the time of survey to substantiate that an incident report had been generated by the facility to notify the required entities of the event.	W 153		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observations, interviews with the Qualified Mental Retardation Professional (QMRP) and record review, the QMRP failed to ensure integration, coordination and monitoring of client ' s active treatment regimen. [Client #3] 1. The facility ' s Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination of outside services. [Reference W120] 2. The Qualified Mental Retardation Professional (QMRP) failed to ensure the review and approval of pharmacological interventions for	W 159	1. see response to W120 2. see response to W124	

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W 159	Continued From page 8 two of three sampled clients. [Reference W124 and W262] 3. The Qualified Mental Retardation Professional (QMRP) failed to ensure the accurate assessment and management of presenting problems for xx clients. [Reference W212, W224, W225 and W247] 4. The Qualified Mental Retardation Professional (QMRP) failed to ensure the implementation and documentation of client ' s active treatment programming. [Reference W227, W249 and W252] 5. Client #2 was observed sitting in a wheelchair on the evening of 9/19/2007. Interview with the facility ' s staff revealed this client utilizes a wheelchair as his means of ambulation. Record review at 2:51pm on 9/20/2007 revealed his Physical Therapy Assessment dated 9/3/2007 recommended that the facility: a. Lower the footplates so that JD can weight bear through his lower extremities and assist with trunk extension in sitting. b. Do a trial with a chest strap to assist with upright sitting. c. Consider brake handle extension. d. Consider using a phone book under JD's plate to determine if this will promote upright sitting posture when eating. There was no evidence available or presented at the time of survey to substantiate that the Qualified Mental Retardation Professional (QMRP) ensured the implementation of: a. The lowering of the footplates; Client #2 ' s	W 159	3. Functional assessment for all persons living in this home with modification made to programs to build on person strengths. 4. In service staff on active treatment, program documentation along with updated functional assessments. 5. Recommendation by the PT will be implemented and training for the staff on these recommendation.	11-15-07 11-15-07 11-26-07

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W 159	Continued From page 9 feet were observed dangling below the footrest on the afternoon of 9/19/2007 and again on the afternoon of 9/20/2007). b. Conducted the test trail with the chest strap; the Qualified Mental Retardation Professional (QMRP) was not aware this recommendation was made. c. The extension of the brake handles; the Qualified Mental Retardation Professional (QMRP) was not aware of this recommendation. d. The use of a phone book while he eats; Client #3 was observed eating his dinner on the evening of 9/19/2007 without the phone book. He was slumped over his meal during dinner.	W 159		
W 212	483.440(c)(3)(i) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure the accurate assessments to manage a client ' s inability to independently toilet; nose picking; rumination and hoarding for two of three sampled clients. [Clients #1 and #3] The findings include: 1. During evening observations on 9/19/2007 at 4:41pm, Client #1 was observed wearing adult diapers. Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 3:59pm revealed he was not sure when and/or if a toileting program had ever been implemented to address this client ' s toileting needs. The facility ' s Registered Nurse was also	W 212	1. Toileting schedule inclusive of documentation on urination voids to be implemented.	11-1-07

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W 212	Continued From page 10 interviewed on the same day at 4:42pm and she was also not aware of this program every being implemented. What information she did provide was that they were successfully able to schedule this client ' s bowel movements by taking him to the bathroom after dinner. It was not clear at the time of survey how this client can learn to move his bowels, but not void his bladder on a regular schedule. 2. Record review on 9/20/2007 at 4:06pm revealed an " Inter Agency Communication " from Client #1 ' s Day Program was submitted and filed by the facility on 06/01/2007. The document cites that Client #1 was reported as having a nosebleed at the day program. The document further states that the nurse at the residential facility assessed this client upon his arrival to the home and the client was treated accordingly. Interview with the facility ' s Registered Nurse on 9/20/2007 at 4:23pm revealed Client #1 "picks his nose" often and sometimes it bleeds. There is no evidence on file at the time of survey to substantiate that an assessment was done to address if this client ' s " nose picking " behavior warrants intervention to eliminate the nose bleeds. [Reference W153] 3. During evening observations on 9/19/2007 at 6:11pm, Client #1 was observed ruminating after he ate his dinner. The attending staff was interviewed about what Client #1 was " chewing on " in his mouth and the staff indicated he often bring his food up back into his mouth and that he does this after dinner all the time. Record review on 9/20/2007 at 4:12pm revealed there were no assessments on file at the time of survey to address his ruminating.	W 212	2. Data collection on nose picking to be implemented this data collection will help determine the need or lack of need for formal behavior program. 3.See response to W159 #3	11-1-07

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W 212	Continued From page 11 4. During evening observations on 9/19/2007 . Client #3 was observed to have on several layers of clothing (long sleeve shirt, undershirt, hooded sweater). He also stuffed his upper torso with paper towels, personal documents, a hat and other unknown items. His sweater top and pockets bulged with items unknown. His closet was stuffed to the ceiling with clothing, boxes, suitcases, and various other items. There were also several duffle bags of various sizes being stored under his bed as well. Interview with the facility Qualified Mental Retardation Professional (QMRP) at 09/20/2007 at 5:50pm revealed Client #3 hoards things. There was no evidence on file at the time of survey to substantiate that this "maladaptive" behavior of hoarding was assessed to determine if it warranted any measure of intervention.	W 212	4. Many of person #3 clothing and bags has been sent with his sister. His room was reorganized with his support. Assessment pertaining to his hoarding will be completed.	11-15-07
W 224	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include adaptive behaviors or independent living skills necessary for the client to be able to function in the community. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure clients were assessed to determine their ability and needs with regards to budgeting for three of three sampled clients. The finding includes: Client ' s #2, #4 and #5 was observed to leave the facility with staff on the evening of 9/19/2007 at 5:00pm. Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) at	W 224		

PRINTED: 10/23/2007
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OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G153	A. BUILDING _____ B. WING _____	09/21/2007

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W 224	Continued From page 12 5:02pm revealed the client ' s were heading out to the barber shop. At approximately 5:15pm the QMRP took Client #1 out for a walk to the corner store. Upon their return at 5:35pm, the QMRP indicated that he attempted to have Client #1 take part in a money management program while they were out, but he refused to take part. He further added that Clients #1 and #3 were on money management programs to enhance their financial management skills. Record review revealed there was neither a money management assessment nor a money management program on file for Client #1 to enable this individual to manage his finances to the best of his ability.	W 224	See Response to W159 #3	
W 225	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. This STANDARD is not met as evidenced by: Based on residential and day program staff interviews and record reviews, the facility failed to ensure that clients were provided the provisions of a vocational skills assessment. The finding includes: Interview with Client #3 ' s case manager at his day program on 9/20/2007 at 10:50am revealed he receives a stipend for janitorial work he performs at the day program and he was being taught to fill-out a job application. In addition, it was also revealed that this client was capable of navigating the city ' s transit system to get around town independently. Further interview revealed his " janitorial " activities at his day program was a not a formal job. Interview with the facility ' s Qualified Mental Retardation Professional	W 225	See Response to W159 #3	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 225	Continued From page 13 (QMRP) on 9/20/2007 at 5:49pm revealed this client did not have a job and also did not have a vocational assessment completed to assess him for employment. Record review on 9/20/2007 revealed there was no vocational assessment on file at the time of survey that assessed his abilities and desires with regards to employment.	W 225		
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, interview and subsequent record verification, the facility failed to ensure that client programming be written to include clear objectives for one of two sampled clients. [Client #1] The findings include: Interview and record review with the direct care staff on 9/20/2007 at 12:10pm revealed Client #1 has a programming objective to " tolerate arm stimulation " . The direct care staff was not able explain what benefit this objective will provide or how to implement it. There was also no supporting evidence on file at the time of survey to substantiate the reasoning behind the creation of this objective with regards to the needs identified by the Comprehensive Functional Assessment.	W 227	See Response to W159 #3	
W 237	483.440(c)(5)(iv) INDIVIDUAL PROGRAM PLAN Each written training program designed to	W 237		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/23/2007
FORM APPROVED
OMB NO. 0938-0391

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W 237	Continued From page 14 implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure the implementation of an effective system of documenting the frequency of maladaptive behaviors as recommended in a Client ' s behavior management plan for one of three sampled Clients. [Client #2] The findings include: Record review on 9/20/2007 at 2:10pm revealed Client #2 was hospitalized on 9/15/2007 and discharged back to the home on 9/18/2007. The facility ' s Registered Nurse (RN) was interviewed at 02:14pm on the same day revealed Client #2 was assessed to have upper GI bleeding which was potentially due to ulcers. The RN further stated that a bowel movement chart was created to track and monitor his progress. Upon review of the chart, it was not possible to ascertain the frequency of Client #2 ' s bowel movements. After careful review, the RN returned to the surveyor at 2:29pm and reiterated that she could not tell if how often this client moved his bowels, based on the data that was being collected by the direct care staff. With that realization, she further added that the data that was being collected would also not allow her to assess Client #1 ' s treatment needs and potential course of treatment. The facility failed to ensure that accurate and measureable data was being collected as required by this section.	W 237	Training of staff on documenting on all programs pertaining to person #2	11-15-07

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that clients were allowed the opportunity to exercise their rights with regards to community outings and financial management for one of three clients residing in the facility. [Clients #3] The finding includes: Staff interview and record review on 9/20/2007 revealed Client #3 is fully capable of navigating the city ' s public transportation system. One of the facility ' s staff was interviewed on the evening of 9/19/2007 and she remarked that she often receives instructions from the client on how to get to certain parts of the city via the public transportation system. Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 5:41pm revealed Client #3 was not afforded the opportunity to attend outings which utilize the public transportation system. In addition, the Qualified Mental Retardation Professional (QMRP) indicated that the incidents of elopement that this client had on file evidenced that he utilized the public transportation system to get to the destinations where he would eventually be found. The facility was aware that this client was able to navigate the city but, have not afforded him the opportunity to explore and exercise that ability.	W 247	Person #3 program will be reviewed with his Case Manager and amended to include a community component to increase his travel skills	11-4-07
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION	W 249		

PRINTED: 10/23/2007
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 249	Continued From page 16 As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure that clients receive interventions as specified in their Individual Program Plans for two of three sampled clients. [Clients #1 and #3] The findings include: 1. Interview with Client #3 ' s case manager at his day program on 9/20/2007 at 10:50am revealed he can read. The case manager also indicated that Client #3 is very capable of picking up a magazine or book and reading it. Record review on 09/20/2007 at 5:37pm revealed Client #3 ' s Social Work Assessment (dated 11/2006) recommended that the facility help him " Continue to improve reading and numbers skills " . Interview with the Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 5:40pm revealed he was not sure if the reading/numbers skills building program was not in place and it hadn ' t been implemented to date. 2. Observation at Client #1 ' s Day Program on 9/20/2007 at 11:50am revealed the direct care staff failed to implement the behavioral strategies as specified in his Behavior Management Plan	W 249	Person #3 programs will be reviewed with his Case Manager and amended to include skill component that helps him maintain/increase his reading and math skills. 2. QMRP will collaborate with day program to insure that day program staff is knowledgeable and implementing person #1 BSP	11-4-07 11-13-07

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FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 249	Continued From page 17 (BMP). Client #1 was observed refusing to eat his meal, flopping to floor, stomping on the floor with his feet and walking several times towards the main entrance of his activity area. He would walk towards the door and stand there or pace back and forth in front of it. The staff was observed walking him away from the door and trying to encourage him to eat his meal with no success. Record review on 9/20/2007 at 3:45pm revealed Client #1 ' s Behavioral Support Plan dated 6/6/07 recommends: " Screaming strategies #2 - if [Client #1] begins to scream and/or stomp, attempt first to determine what may be causing him to do so. He may be attempting to convey discomfort due to wetness or to say he wants to go outside for a while. Ask him to show you what he wants. Address these needs first. " The Day Program staff failed to implement the behavioral intervention strategies and assessed the reason of his discomfort or offered to take him outside, despite his repeated attempts of walking towards the main entrance.	W 249		
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure the implementation of an effective system of documenting a client ' s progress on his	W 252		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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W 252	Continued From page 18 programming objectives for two of three sampled Clients. [Clients #1 and #3] The finding includes: 1. Interview with Client #3 ' s case manager at his day program on 9/20/2007 at 10:50am revealed he receives a stipend for janitorial work her performs at the day program. The case manager also indicated that Client #3 is very capable of counting money, and taking part in small purchases. Interview with the Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 5:30pm revealed Client #3 has a money management program that was initiated on 6/2007. Client #3 ' s money management program reads, "[Client #3] will purchase items necessary for him to cook an item on the menu with verbal prompts from staff on 4/5 consecutive trials in 3 consecutive months." Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on 9/20/07 at 5:30pm revealed the money management program was initiated back on 6/2007, but the data that was being collected was not consistent and also data for September 2007 was missing. 2. Observation at Client #1 ' s Day Program on 9/20/2007 at 11:50am revealed the facility failed to ensure outside services maintained accurate documentation of this client's maladaptive behaviors as required. [Reference W120]	W 252	1. See Response to W159 #4 2. See Response to W120	
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and	W 262		

PRINTED: 10/23/2007
FORM APPROVED
OMB NO. 0938-0391

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W 262	Continued From page 19 monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure the Human Right Committee ' s oversight and approval for the use of psychotropic medication for two of three sampled clients. [Client #1 and #3] The findings include: 1. Record review on 9/20/2007 at 4:01pm revealed Client #1 is prescribed to receive a 1mg Tab of Xanax XR every morning. Interview with the facility ' s Registered Nurse (RN) and Qualified Mental Retardation Professional (QMRP) on at 4:08pm revealed the Xanax XR is prescribed to manage Client #1 ' s maladaptive behaviors. Record review revealed there was no evidence presented or on file at the time of survey to substantiate that the Human Rights Committee met to approve the administration of this psychotropic medication. 2. Observation and record review during the evening medication administration on 9/19/2007 at 6:55pm revealed Client #3 received a 20mg Tab of Zyprexa. Interview with the facility ' s Licensed Practical Nurse (LPN) (Medication Nurse) at 6:58pm revealed the Zyprexa is prescribed to manage Client #3 ' s maladaptive behaviors. Record review revealed there was no evidence presented or on file at the time of survey to substantiate that the Human Rights Committee met to approve the administration of this	W 262	Person # 1 Psychotropic medication to and BSP or any other right restriction will be presented for approval to CC II HRC committee Person # 3Psychotropic medication to and BSP or any other right restriction will be presented for approval to CC II HRC committee	11-4-07 11-4-07

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 262	Continued From page 20 psychotropic medication.	W 262		
W 268	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: Based on staff interview and record review the facility failed to enact the creation of policies and procedures that promote the independence of its residents. [Client #3] The finding includes: Staff interview and record review on 9/20/2007 revealed Client #3 is fully capable of navigating the city ' s public transportation system. One of the facility ' s staff was interviewed on the evening of 9/19/2007 and she remarked that she often receives instructions from the client on how to get to certain parts of the city via the public transportation system. Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 5:41pm revealed Client #3 is not afforded the opportunity to attend outings which utilize the public transportation system. In addition, the Qualified Mental Retardation Professional (QMRP) indicated that the incidents of elopement that this client has on file evidenced that he utilized the public transportation system to get to the destinations where he would eventually be found. The facility appears to be fully aware that this client is able to navigate the city but, have not afforded him the opportunity to explore and exercise that ability.	W 268	See response to W247	
W 322	483.460(a)(3) PHYSICIAN SERVICES	W 322		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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W 322	Continued From page 21 The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to provide preventive and general medical care for three of three clients included in the sample. (Client #1 and #3] The findings include: 1. Record review on 9/20/2007 at 4:06pm revealed an " Inter Agency Communication " from Client #1 ' s Day Program was submitted and filed by the facility on 06/01/2007. The document cites that Client #1 was reported as having a nosebleed at the day program. The document further states that the nurse at the residential facility assessed this client upon his arrival to the home and the client was treated accordingly. Interview with the facility ' s Registered Nurse on 9/20/2007 at 4:23pm revealed Client #1 "picks his nose" often and sometimes it bleeds. There is no evidence on file at the time of survey to substantiate that an assessment was done to address if this client ' s " nose picking " behavior warrants intervention to eliminate the nose bleeds. [Reference W153] 2. During evening observations on 9/19/2007 at 6:11pm, Client #1 was observed ruminating after he ate his dinner. The attending staff was interviewed about what Client #1 was " chewing on " in his mouth and the staff indicated he often bring his food up back into his mouth and that he does this after dinner all the time. Record review on 9/20/2007 at 4:12pm revealed there were no	W 322	See response to W153 See response to W159 #3	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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W 322	Continued From page 22 assessments on file at the time of survey to address his ruminating. 3. Observation and record review during the evening medication administration on 9/19/2007 at 6:55pm revealed Client #3 received 300mg of Tegretol (200mg tab + ½ 200mg tab). Interview with the facility ' s Licensed Practical Nurse (LPN) (Medication Nurse) at 6:58pm revealed the Tegretol is prescribed to manage Client #3 ' s seizures. Record review on 09/20/2007 at 6:00pm revealed this client ' s Psychotropic Med Review dated 8/24/2007 recommended: "Neurology consult recommended by [PCP] to determine need for Tegretol if he has had no seizures since birth." Client #3 ' s Neurology assessment dated 6/25/2007 recommended " to document no seizure for one year and get EEG ". The EEG was completed on 6/28/2007, but there is no evidence that this client seizure history was reviewed and assessed to determine the continuance of the Tegretol.	W 322	See response to W159 #3	
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility's attending nurse failed to ensure the coordination of services to manage a client ' s regimen of Tegretol for one of three sampled clients[Client #3]. The findings include: Observation and record review during the evening medication administration on 9/19/2007 at	W 331		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
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W 331	Continued From page 23 6:55pm revealed Client #3 received 300mg of Tegretol (200mg tab + ½ 200mg tab). Interview with the facility ' s Licensed Practical Nurse (LPN) (Medication Nurse) at 6:58pm revealed the Tegretol is prescribed to manage Client #3 ' s seizures. Record review on 09/20/2007 at 6:00pm revealed this client ' s Psychotropic Med Review dated 8/24/2007 recommended: "Neurology consult recommended by [PCP] to determine need for Tegretol if he has had no seizures since birth." Client #3 ' s Neurology assessment dated 6/25/2007 recommended " to document no seizure for one year and get EEG ". The EEG was completed on 6/28/2007, but there is no evidence that this client seizure history was reviewed and assessed to determine the continuance of the Tegretol.	W 331	Review of Client Seizure history and Neurology recommendation to support or need to continue or discontinue person #3 seizure control medication	11-1-07
W 336	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the health status for three of the three clients in the sample (Clients #1, #2, and #3) were reviewed by the nursing staff on a quarterly or more frequent basis. The finding includes: Record review on 9/20/2007 at 5:55pm revealed the last quarterly note completed and filed for Client #1 was dated 4/2007. Also, the last quarterly note for Client #2 and Client #3's was	W 336	All nursing documentation will updated to standard compliance	11-5-07

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W 336	Continued From page 24 noted in the record and confirmed by the nurse as 4/2007. Interview with the facility ' s Registered Nurse (RN) at 5:59pm on the same day revealed she was new to the facility and had not had the chance to complete the documentation.	W 336		
W 354	483.460(f)(3) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include a review of the results of examination and entry of the results in the client's dental record. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to review and provide follow-up dental services after recommendations have been made to improve a client ' s oral health for one of three sampled clients. [Client #3] The finding includes: Observation on the evening of 9/19/2007 revealed Client #3 ' s teeth to be with heavy calculus deposits and discolored in some areas. Interview with the facility ' s Registered Nurse (RN) at 4:25pm on 9/20/2007 revealed Client #3 ' s dental health is in poor condition and that she was not aware of this recommendation. Record review on 9/20/2007 at 5:07 revealed Client #3 ' s Dental assessment dated 4/25/07 recommended "patient needs scaling". A second dental assessment dated 8/30/07 revealed the recommended " scaling " did not take place on this visit. The facility failed to review this client ' s dental records/assessments and ensured the necessary follow-ups.	W 354	Person # 3 dental visit for scaling was completed	9-28-07
W 436	483.470(g)(2) SPACE AND EQUIPMENT	W 436		

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W 436	Continued From page 25 The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that maintenance and upkeep of a client's adaptive equipment for one of four clients residing in the facility. [Client #3] The finding includes: Client #3 was not observed wearing eye glasses on neither 9/19/2007 nor 9/20/2007 at the residential facility. Interview with Client #3 ' s case manager at his day program on 9/20/2007 at 10:50am revealed he has been prescribed to wear eye glasses, but hasn ' t worn them in awhile. During evening record review on 9/20/2007 at 5:56pm revealed Client #3 ' s Vision assessment dated 11/16/06 revealed this client was prescribed to wear eyeglasses. During the record review, Client #3 approached the survey team and blurted out that " he had just found " his glasses and showed them to the survey team. The facility failed to ensure that this client has been taught to consistently wear and maintain his eyeglasses.	W 436	Program will be added to person #3 ISP to include asking him to show and to wear his glasses.	11-4-07
W 474	483.480(b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client.	W 474	Staff has been trained on all persons diet by nutritionist this training included texture.	10-27-06

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W 474	Continued From page 26 This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure the accurate implementation of a client's modified food texture for one of three sampled clients. [Client #2] The finding includes: Client #2 was observed on the evening of 9/19/2007 eating a chicken pot pie and a bowl of tossed salad. The food items were served whole. Interview with the facility ' s Registered Nurse (RN) on 9/20/2007 at 1:49pm revealed she was not aware there was a change in JD's diet for him to receive modified textured meals. She also stated that she is responsible for ensuring the PCP gets the recommended changes in a client ' s nutrional requirements. Record review at 03:07pm on 9/20/2007 revealed Client #2 ' s Nutritional Assessment dated 8/2/2007 recommended the following: 1. Continue diet as ordered. Change texture modification to finely chopped. 2. All foods to be served finely chopped or very soft to eliminate choke risks and create ease in chewing. .Later on in the afternoon on 9/20/2007 at 3:29pm the Qualified Mental Retardation Professional (QMRP) provided the survey team with a second Nutritional Assessment dated 8/2/2007 which mirrored his Physician's orders (9/2007) that prescribed a " chopped textured " diet. Further record review revealed his day program has him prescribed as requiring a "bite sized" diet.	W 474		

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I 041	3502.2(a) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (a) Prescribed in the resident ' s Individual Habilitation Plan and the record of the prescription for the modified diet shall be kept in the resident ' s record; This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure the accurate implementation of a resident's modified food texture for one of three sampled clients. [Resident #2] The finding includes: The facility failed to ensure a resident received his meals in a modifed texture as recommend and later prescribed. [Reference Federal Deficiency Report W474]	I 041	See response to W474	
I 052	3502.10 MEAL SERVICE / DINING AREAS Each GHMRP shall equip dining areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each resident. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to facilitate a client ' s needs with regards to eating meals at the dinner table. The finding includes: Resident #2 was observed sitting in a wheelchair on the evening of 9/19/2007. Interview with the	I 052	See response to W159 #5	

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I 052	Continued From page 1 facility ' s staff revealed this client utilizes a wheelchair as his means of ambulation. Record review at 2:51pm on 9/20/2007 revealed his Physical Therapy Assessment dated 9/3/2007 recommended that the facility " consider using a phone book under JD's plate to determine if this will promote upright sitting posture when eating. " Note: The height of the dining room table did not allow this client the opportunity to come up to the dinner table to properly manage his meal. The staff was observed to wheel the client to the " corner edge " of the table and place the plate on the edge of the table for this client to eat his meal. It is not clear if this presenting problem had been addressed to ensure that this client could eat his meals in an " upright sitting posture ". [Reference Federal Deficiency Report W159]	I 052		
I 096	3504.7 HOUSEKEEPING No poisonous or hazardous agent shall be stored in a food preparation, storage or serving area. This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that cleaning agents were not being stored in the kitchen. The finding includes: Cleaning detergents were observed being stored beneath the kitchen sink on the afternoon of 9/19/2007. Interview with the facility ' s staff at 3:58pm revealed the cleaning agents should have been stored in a locked cabinet and not below the sink.	I 096	All cleaning supplies were removed from the kitchen and placed in locked area of the home	9-20-07

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I 108	Continued From page 2	I 108		
I 108	3504.15 HOUSEKEEPING Each GHMRP shall assure that each resident has at least seven (7) changes of clothing appropriate to his or her daily activities. This Statute is not met as evidenced by: Based on observation and staff interview the facility failed to ensure residents were provide with the proper store of clothing to manage, sleep wear, casual dress wear, formal dress wear and other articles of clothing that can be used around the home for four of five residents residing in the facility. The finding includes: Observation on the afternoon of 9/19/2007 and again on 98/20/2007 revealed all five residents residing in the facility were either without the required amount of clothing as required by this section. [Reference 3504.17]	I 108	Home will take inventory of all person clothing and shop for person needs	11-15-07
I 109	3504.16 HOUSEKEEPING Each GHMRP shall label inconspicuously each item of clothing as belonging to a particular resident as indicated in his or her Individual Habilitation Plan (IHP). This Statute is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure the integrity of the resident ' s clothing for four of five clients residing in the facility. The finding includes:	I 109	See response to I 108	

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I 109	Continued From page 3 Observations on 9/19/2007 and 9/20/2007 revealed Clients #1, #3, #4, and #5 ' s clothing were being poorly maintained and stored in each client ' s closets. The clothing was found to be torn, frayed, faded, and labeled with permanent magic markers that bled through the material, or stuffed into the closets in piles. All four of these clients clothing were mismatched and their shoes were also worn and with tattered and sheared seams. Only one pair of dress shoes was observed across the four individuals, and only two of the four had a dress suit to wear. The facility ' s Qualified Mental Retardation Professional (QMRP) was interviewed on 9/20/2007 at 5:47pm regarding the disparity in the condition of the client ' s clothing and he indicated his management of this area was an oversight. He indicated that he hadn ' t had the chance yet since his hiring to go and complete the shopping requirements for the clients and would do so immediately.	I 109		
I 169	3507.4(g) POLICIES AND PROCEDURES The manual shall incorporate policies and procedures for at least the following: (g) Resident life, which covers clothing, management of funds, resident rights, discipline, behavior management, services, parental and guardian involvement, visitation, staff treatment of residents, and resident work. This Statute is not met as evidenced by: Based on staff interview and record review the facility failed to enact the creation of policies and procedures that promote the independence of its residents. [Resident #3]	I 169	See response to W159 #3	

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I 169	Continued From page 4 The finding includes: Staff interview and record review on 9/20/2007 revealed Resident #3 is fully capable of navigating the city ' s public transportation system. One of the facility ' s staff was interviewed on the evening of 9/19/2007 and she remarked that she often receives instructions from the resident on how to get to certain parts of the city via the public transportation system. Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 5:41pm revealed Resident #3 is not afforded the opportunity to attend outings which utilize the public transportation system. In addition, the Qualified Mental Retardation Professional (QMRP) indicated that the incidents of elopement that this resident has on file evidenced that he utilized the public transportation system to get to the destinations where he would eventually be found. The facility appears to be fully aware that this resident is able to navigate the city but, have not afforded him the opportunity to explore and exercise that ability.	I 169		
I 300	3515.1 CONFIDENTIALITY OF RECORDS Each GHMRP shall have written policies governing access to, duplication, of, and release of information from each resident ' s record consistent with D.C. Law 2-137, D.C. Code § 6-1972 and this chapter. This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to keep confidential all information contained in each resident's record, for one of the three residents residing in the facility. [Resident #2]	I 300	Meal protocols removed from the refrigerator	9-25-07

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I 300	Continued From page 5 The finding includes: Observation on 9/19/12007 at 4:35pm revealed Resident #2 ' s meal restrictions and feeding protocol was posted on the refrigerator. Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) and Registered Nurse on 9/20/2007 at 1:49pm revealed they were not aware this was a deficient practice and would have it removed.	I 300		
I 375	3519.6 EMERGENCIES Each GHMRP shall document each emergency and enter the follow-up actions into the resident ' s permanent record, which shall be made available for review by authorized individuals. This Statute is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure resident ' s bodily injuries and hospitalizations were reported and investigated as required by this section for one of three sampled residents. [Resident #1 and #2] The findings include: 1. Record review on 9/20/2007 at 4:06pm revealed an " Inter Agency Communication " from Resident #1 ' s Day Program was submitted and filed by the facility on 06/01/2007. The document cites that Resident #1 was reported as having a nosebleed at the day program. The document further states that the nurse at the residential facility assessed this resident upon his arrival to the home and the resident was treated accordingly. Interview with the facility ' s	I 375	See response W153	

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I 375	Continued From page 6 Registered Nurse on 9/20/2007 at 4:23pm revealed Resident #1 "picks his nose" often and sometimes it bleeds. There was no evidence on file at the time of survey to substantiate that an incident report was filed or the pertinent authorities notified of this event. 2. Resident #2 was observed on the evening of 9/19/2007 to be very lethargic and drooling while sitting in his wheelchair at 3:37pm. Later on in the evening, Resident #2 was observed to only consume about 25% of his dinner and staff indicated he wasn ' t feeling well because he had just came back from the hospital. The facility ' s Registered Nurse (RN) was interviewed at 02:14pm on 9/20/2007 and she indicated Resident #2 was assessed to have upper GI bleeding ... potentially, due to ulcers. She also added that blood was noticed in his stool back in 7/2007 and subsequently he was later hospitalized over the past weekend (9/15 - 9/16). He was re-evaluated by the Primary care (Dr. Wilson) on 9/20/2007 and he has an Endoscopy scheduled for 10/11/2007 at a local hospital. Record review revealed the Hospital Discharge summary dated 9/18/2007 indicated "the patient improved [after] having a large BM on 9/15/2007." The discharge diagnoses identifies " nausea/vomiting and possible upper gastrointestinal bleed " as the cause for his hospitalization. Further record review revealed there was no evidence on file at the time of survey to substantiate that an incident report had been generated by the facility to notify the required entities of the event. 3. Client #2 was hospitalized during the weekend of 9/15/2007 and discharged back to the facility on 9/18/2007. There was no evidence on file to substantiate that an investigation had	I 375		

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I 375	Continued From page 7 been secured and/or initiated to address the hospitalization as required by this section. [Reference W153]	I 375		
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to review and provide follow-up dental services after recommendations have been made to improve a resident ' s oral health for one of three sampled residents. [Resident #3] The finding includes: Observation on the evening of 9/19/2007 revealed Resident #3 ' s teeth to be with heavy calculus deposits and discolored in some areas. Interview with the facility ' s Registered Nurse (RN) at 4:25pm on 9/20/2007 revealed Resident #3 ' s dental health is in poor condition and that she was not aware of this recommendation. Record review on 9/20/2007 at 5:07 revealed Resident #3 ' s Dental assessment dated 4/25/07 recommended "patient needs scaling". A second dental assessment dated 8/30/07 revealed the recommended " scaling " did not take place on this visit. The facility failed to review this resident ' s dental records/assessments and ensured the necessary follow-ups.	I 401	See Response to W 354	

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I 406	Continued From page 8	I 406		
I 406	3520.8 PROFESSION SERVICES: GENERAL PROVISIONS Each professional service provided shall be documented in each resident ' s record. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the health status for three of the three residents in the sample (Residents #1, #2, and #3) were reviewed by the nursing staff on a quarterly or more frequent basis. The finding includes: Record review on 9/20/2007 at 5:55pm revealed the last quarterly note completed and filed for Resident #1 was dated 4/2007. There were no quarterly nursing notes on file for Resident #2 and Resident #3 ' s last quarterly note was also dated 4/2007. Interview with the facility ' s Registered Nurse (RN) at 5:59pm on the same day revealed she was new to the facility and hadn ' t the chance yet to complete the documentation.	I 406	See response to W336	
I 420	3521.1 HABILITATION AND TRAINING Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning. This Statute is not met as evidenced by: Based on residential and day program staff interviews and record reviews, the facility failed to ensure that residents were provided the necessary assessments to manage their	I 420		

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I 420	Continued From page 9 behavioral and vocational needs. [Clients #1 and #3] The finding includes: 1. Interview with Resident #3 ' s case manager at his day program on 9/20/2007 at 10:50am revealed he receives a stipend for janitorial work he performs at the day program and he was being taught to fill-out a job application. In addition, it was also revealed that this resident was capable of navigating the city ' s transit system to get around town independently. Further interview revealed his " janitorial " activities at his day program was a not a formal job. Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 5:49pm revealed this resident did not have a job and also did not have a vocational assessment completed to assess him for employment. Record review on 9/20/2007 revealed there was no vocational assessment on file at the time of survey that assessed his abilities and desires with regards to employment. 2. Resident ' s #2, #4 and #5 was observed to leave the facility with staff on the evening of 9/19/2007 at 5:00pm. Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) at 5:02pm revealed the resident ' s were heading out to the barber shop. At approximately 5:15pm the QMRP took Resident #1 out for a walk to the corner store. Upon their return at 5:35pm, the QMRP indicated that he attempted to have Resident #1 take part in a money management program while they were out, but he refused to take part. He further added that Residents #1 and #3 are on money management programs to enhance their financial management skills. Record review revealed there was neither	I 420	See response to W159 #3 See response to W159 #3	

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	09G153	A. BUILDING _____ B. WING _____	09/21/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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I 420	Continued From page 10 a money management assessment nor a money management program on file for Resident #1 to enable this individual to manage his finances to the best of his ability. 3. During evening observations on 9/19/2007 at 4:41pm, Resident #1 was observed wearing adult diapers. Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 3:59pm revealed he was not sure when and/or if a toileting program had ever been implemented to address this resident ' s toileting needs. The facility ' s Registered Nurse was also interviewed on the same day at 4:42pm and she was also not aware of this program every being implemented. What information she did provide was that they were successfully able to schedule this resident ' s bowel movements by taking him to the bathroom after dinner. It was not clear at the time of survey how this resident can learn to move his bowels, but not void his bladder on a regular schedule. 4. Record review on 9/20/2007 at 4:06pm revealed an " Inter Agency Communication " from Resident #1 ' s Day Program was submitted and filed by the facility on 06/01/2007. The document cites that Resident #1 was reported as having a nosebleed at the day program. The document further states that the nurse at the residential facility assessed this resident upon his arrival to the home and the resident was treated accordingly. Interview with the facility ' s Registered Nurse on 9/20/2007 at 4:23pm revealed Resident #1 "picks his nose" often and sometimes it bleeds. There is no evidence on file at the time of survey to substantiate that an assessment was done to address if this resident ' s " nose picking " behavior warrants intervention to eliminate the nose bleeds. [Reference W153]	I 420	3. Schedule to be implemented to address urinary and enuresis of person #1 4. See response to W153	11-1-07

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I 420	Continued From page 11 5. During evening observations on 9/19/2007 at 6:11pm, Resident #1 was observed ruminating after he ate his dinner. The attending staff was interviewed about what Resident #1 was " chewing on " in his mouth and the staff indicated he often bring his food up back into his mouth and that he does this after dinner all the time. Record review on 9/20/2007 at 4:12pm revealed there were no assessments on file at the time of survey to address his ruminating. 6. During evening observations on 9/19/2007 Resident #3 was observed to have on several layers of clothing (long sleeve shirt, undershirt, hooded sweater). He also stuffed his upper torso with paper towels, personal documents, a hat and other unknown items. His sweater top and pockets bulged with items unknown. His closet was stuffed to the ceiling with clothing, boxes, suitcases, and various other items. There were also several duffle bags of various sizes being stored under his bed as well. Interview with the facility Qualified Mental Retardation Professional (QMRP) at 09/20/2007 at 5:50pm revealed Resident #3 hoards things. There was no evidence on file at the time of survey to substantiate that this "maladaptive" behavior of hoarding was assessed to determine if it warranted any measure of intervention.	I 420	5. See response to W159 #3 6. See response to W159 # 3	
I 423	3521.4 HABILITATION AND TRAINING Each GHMRP shall monitor and review each resident ' s Individual Habilitation Plan on an ongoing basis to ensure participation of the resident and appropriate GHMRP staff in revision of such Plans whenever necessary. The schedule for the reviews shall be documented within each IHP.	I 423		

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I 423	Continued From page 12 This Statute is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure that residents receive interventions as specified in their Individual Program Plans for two of three sampled residents. [Residents #1 and #3] The findings include: 1. Interview with Resident #3 ' s case manager at his day program on 9/20/2007 at 10:50am revealed he can read. The case manager also indicated that Resident #3 is very capable of picking up a magazine or book and reading it. Record review on 09/20/2007 at 5:37pm revealed Resident #3 ' s Social Work Assessment (dated 11/2006) recommended that the facility help him " Continue to improve reading and numbers skills ". Interview with the Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 5:40pm revealed he was not sure if the reading/numbers skills building program was not in place and it hadn ' t been implemented to date. 2. Observation at Resident #1 ' s Day Program on 9/20/2007 at 11:50am revealed the direct care staff failed to implement the behavioral strategies as specified in his Behavior Management Plan (BMP). Resident #1 was observed refusing to eat his meal, flopping to floor, stomping on the floor with his feet and walking several times towards the main entrance of his activity area. He would walk towards the door and stand there or pace back and forth in front of it. The staff was observed walking him away from the door and trying to encourage him to eat his meal with no success. Record review on 9/20/2007 at 3:45pm revealed Resident #1 ' s Behavioral Support Plan	I 423	1. See response to W249 2. See response to W249 #2	

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I 423	Continued From page 13 dated 6/6/07 recommends: " Screaming strategies #2 - if [Resident #1] begins to scream and/or stomp, attempt first to determine what may be causing him to do so. He may be attempting to convey discomfort due to wetness or to say he wants to go outside for a while. Ask him to show you what he wants. Address these needs first. " The Day Program staff failed to implement the behavioral intervention strategies and assessed the reason of his discomfort or offered to take him outside, despite his repeated attempts of walking towards the main entrance.	I 423		
I 500	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: The Group Home for Mentally Retarded Persons (GHMRP) failed to ensure the rights of its residents as cited in the Federal Deficiency Report W112, W124, W126, W137, W262 and W268.	I 500	Please see response to W112, W124, W126, W137, W262, and W268	